

No. 300  
1-10-47  
5-17-39  
I 3906

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED OCT 9 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

30893

State File No. ....

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8367**

10-1-48  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County City Hospital  
(b) City or town St. Louis  
(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

3: (a) PRINT FULL NAME Mrs. Cosimo Caito  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 48927-4089

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced 1  
6. (b) Name of husband or wife Josephine Caito 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 27 1899  
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business Con P. Currae & Co

12. Name John R. Carlo

13. Birthplace Italy  
(City, town, or county) (State or foreign country)

14. Maiden name Antonia Silvano

15. Birthplace Italy  
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Caito  
(b) Address 1577 1/2 N. 14th St

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal) (Specify type of place)  
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Benjamin J. Mehan  
(b) Address 1421 Union  
19. (a) SEP. 24 1948 (Date received local registrar) J. F. Woodcock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1577 1/2 N. 14th St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 23rd  
year 1948 hour 11:50 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemo-Pneumothorax; Laceration right lung; Fracture of Ribs; when the automobile he was riding in and being driven by one John Caito skidded in the wet streetcar tracks and struck an automobile driven by one Samuel Mays in front of 2229 Market St. around 12:08 A.M. Sept. 23, 1948  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Sept. 23rd, 1948  
(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Public Place

23. Signature Patricia E. Taylor  
Address 1300 Clark  
Date signed 9-24-48  
Underline the cause to which death should be charged statistically.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Destine W. Rutledge*

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**